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ANNUAL REPORT 1977-1978

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH





ANNUAL REPORT 1977-1978

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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Credits

EDITING:

Jim Muos, Teri Dowling, Carrie Ewing

GRAPHICS:

John Keeling

TYPING:

Sarah Meacham, Sharon Loftis, Lois Stuber.

Carol Paddock

SPECIAL THANKS:

Lucille Burlew-Lawler, the Business Office staff and the Department staff who contributed to the content of this report

PRODUCED BY:

Bureau of Health Promotion and Education

THE DIRECTOR'S REPORT

During this year as Director of the Department of Public Health, I have been struck by the resourcefulness and dedication of its staff. They continually provide quality services to all the citizens of the City and County. In this endeavor, there are a number of areas in which all members of the Department and those we serve can take pride.

We have begun a preventive emphasis - a campaign to promote health and prevent illness - not just to treat it once it occurs.

The Department has begun a pilot project in the Health District 5. Mental Health and Public Health, which up to now have been separate, are sharing the health center facility and staff and combining budget procedures.

We have formed a Geriatrics Services Committee to analyze the long term requirements of our elderly. The Committee is focusing on the future of Laguna Honda Hospital - a rare and valuable institution.

Fiscally, the Department continues to pursue the collection of revenue to offset our dependence on the City's tax base. For the third consecutive year San Francisco General Hospital - recognized as one of the finest trauma centers in the country - has increased its revenue collections. While services at SFGH and all the health care facilities within the Department will never be denied anyone because of inability to pay, we have a responsibility to bill individuals, insurance companies and third party payors for the services we render.

Our Mental Health division continues to reduce the City's reliance on State hospitals to care for our mentally-ill citizens. This policy is humane and consistent with the compassion for which San Francisco is noted.

But, for all of these new directions, the Department in the past year faced its greatest challenge - the passage of Proposition 13. Although the measure failed in the City and County, the people of California mandated a new direction in government financing. Faced with new limits (the Department absorbed a 12% budget cut), our employees reacted professionally and quickly. Where possible, cuts were made in administrative and top level professional positions. Every effort was made to retain direct services. But, no matter how well we have reacted, Proposition 13 requires a permanent change in the Department's outlook. Each year we will examine all the services we provide and seek to prevent duplication and unnecessary programs. I am confident that, although different in approach, we will continue to provide the people of the City and County the very finest health care services available.



Mervyn F. Silverman, M.D., M.P.H.
Director, Health Care Services

REVIEW OF 1977-1978

The Goal of the San Francisco Department of Public Health is to ensure maximum levels of physical and mental health in the community. The Department is engaged in a wide range of activities in pursuit of this goal: the promotion of healthful life styles; the prevention of disease, disability and premature death; the protection of the community from environmental hazards to health; and the availability of a spectrum of medical care and mental health care. All of the Department's employees, the members of 24 community Advisory Boards, and more than 125 contract agencies are dedicated to that goal.

Brief descriptions of many of the Department's programs and activities are in the following pages. Additional information, or copies of this report, can be obtained by writing to 101 Grove St. San Francisco, 94102, or by phoning (415)-558-2896.

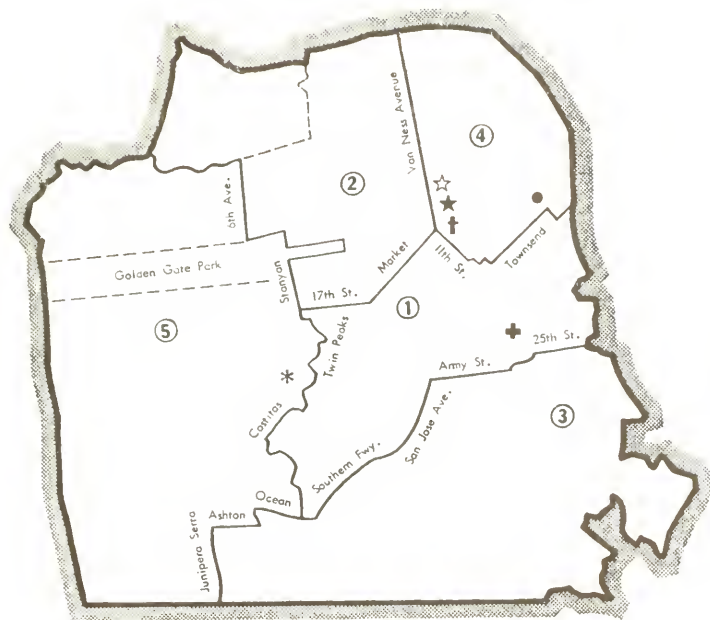
Effective programs are no accident; they are the result of careful planning and evaluation. These efforts assure the Department and the community that needed programs are delivering quality services. A major accomplishment of the past fiscal year has been the creation of a solid management team with responsibilities for Planning and Evaluation. Contracts and Grants Management, and Legislative Liaison and Review on a Department-wide basis. Early next fiscal year a combination Ombudsman Minority Affairs Officer will be hired, and a consolidated Data Analysis Unit will be formed. The expected result of these activities is a more relevant and accountable network of services.

A number of special reports were prepared this year by consultants, staff, and student interns. The activities that were analyzed include Emergency Medical Service, Advisory Boards, and Employee Health programs. An ongoing study of the role of Laguna Honda in the year 2000 was also begun. The Department expects these reports to result in more efficient and effective services in the coming years.

Consistent with the objective of providing accessible and available health services, the Department has reached out to special target populations in the City. Administration's Special Projects Section established contractual agreements with eleven community agencies that jointly were responsible for more than 100,000 patient contacts last year. Because of the extensive use of dedicated volunteers, in addition to professional staff, the health services provided by these programs were delivered in a noteworthy, cost-efficient manner. The service included ambulatory care, medical outreach, hypertension screening, senior citizens health activities, transportation to medical appointments, nutrition services, and coordination of community health resources.

Organizational redesign improved the performance of two programs. During the year both the Jail Medical Services, and the Bureau of Health Promotion and Education were placed under the control of Administration.

ACTIVITIES 1977-1978



Locations of Health Department Facilities

PUBLIC HEALTH ADMINISTRATION
★ PUBLIC HEALTH ADMINISTRATIVE OFFICE
101 Grove, 558-2895

COMMUNITY PUBLIC HEALTH SERVICES ○ DISTRICT HEALTH CENTERS

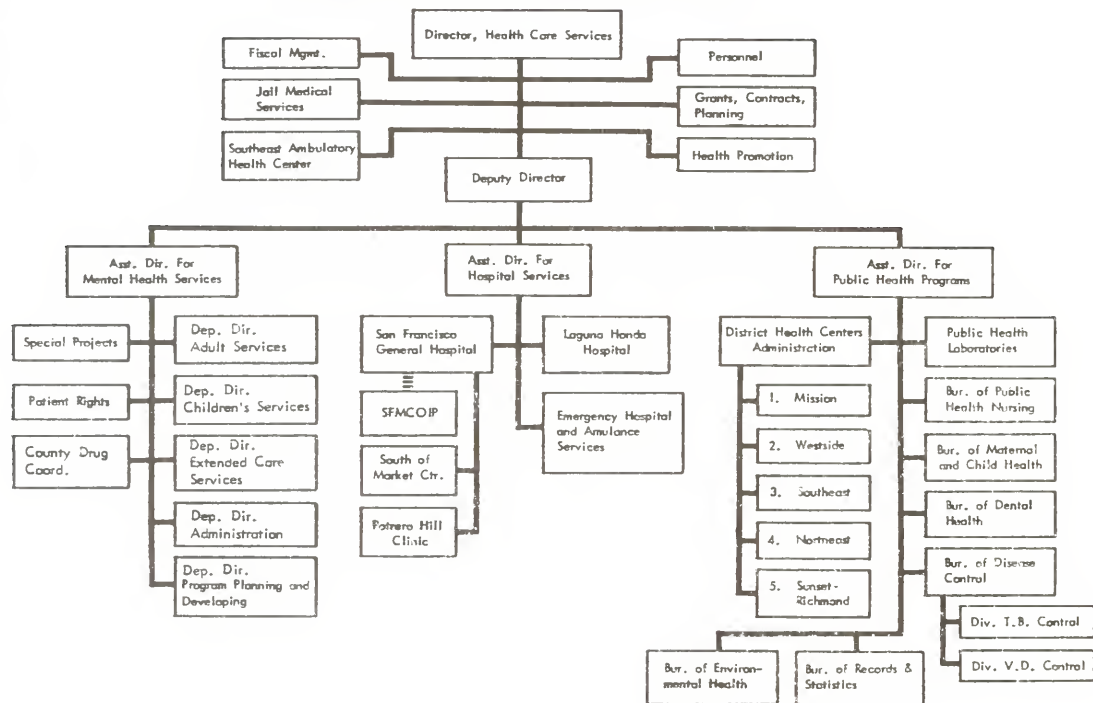
- *1 - 2850 17th St., 558-3905
- *2 - 1301 Pierce St., 558-3250
- *3 - 1525 Silver Ave., 468-2064
- *4 - 1490 Mason St., 558-3158
- *5 - 1351 24th Ave., 558-3246

● CITY CLINIC (VDI)
250 4th St., 558-3804

COMMUNITY MENTAL HEALTH SERVICES
☆ MENTAL HEALTH ADMINISTRATION
555 Polk St.
24 Hour Information & Referral - 287-5 00

HOSPITAL SERVICES
+ SAN FRANCISCO GENERAL HOSPITAL
1001 Potrero Ave., 821-3200
* LAGUNA HONDA
375 Laguna Honda Blvd., 864-1530
† CENTRAL EMERGENCY DISPATCH
50 Ivy St., 431-2200

Organization Chart of Health Department



Administration

Bureau of Health Promotion & Education

During the past year the Bureau committed itself to providing residents with the information, skills, and motivation to maintain and improve their own levels of health; "wellness" became the major focus of activities.

In 1977-1978, the Bureau

- Developed a Health Hazard Appraisal Program, one of the few of its kind in the country, which will assess the risks to the health of individuals and conduct educational classes to help them reduce those risks.
- Produced, through a grant from the S.F. Commission on Aging, a sound and slide show for older people that focuses on growing old and staying healthy.
- Expanded the readership of the Department's "Weekly Bulletin" by 20%.
- Trained over 100 Department and community people to teach colorectal cancer screening procedures.
- Added to its collection of audio-visual materials, particularly in the area of nutrition, stress reduction, and exercise, available to the community.
- Employed eleven CETA Health Education Associates to assist and add to the effectiveness of the Health Educators.
- Sponsored with the Gray Panthers, State legislation which would mandate preventive health services for older adults.

It has been a year of change and growth for the Bureau; its creativity and enthusiasm has "infected" the Department.

Jail Medical Services

The responsibility of providing emergency treatment and ongoing medical care to the inmates of San Francisco's jails continued to be fulfilled by the staff of the Jail Medical Services. Working at both the Hall of Justice and San Bruno jails, the nurses, paramedics and physicians provided 24-hour coverage in dealing with the patients' acute and chronic medical problems.

Coordination among the various facets of the JMS increased during the last year. There was full utilization of the inpatient and outpatient services at San Francisco General Hospital. This has been made possible by the staffing of the Sheriff's special deputy force based at the hospital. There has also been increased coordination with the psychiatric unit working within the jails.



Contracts & Grants Office

Established in the spring of 1978, this office has completed protocols for mental health contracts and done training for that staff, reviewed and evaluated all department contracts and grant applications, and begun work on a protocol for personal services agreements scheduled for completion by September, 1978.

Future activities include department-wide contracting protocols, training of more departmental staff, standardizing contracts and grants management by revising the department's policies and procedures manual, and assisting in the design for an operation audits team. The target for completion of this phase of the work program is January, 1979.



Community Public Health Services

The goal of the Public Health Section of the Department is to protect and promote the health of all San Franciscans. Included in its responsibilities are the protection of the community from environmental hazards, the maintenance of personal health through screening and client education, and the encouragement of individuals to adopt life styles which promote their own health. The philosophy of the section is that the ounce of prevention pays off in two ways: healthier lives and reduced costs of treatment.

The major work sites of this effort are the five District Health Centers, where well-baby screening, dental services for young people, immunizations, glaucoma screening, public health nursing, pregnancy testing, family planning services, hypertension screening, environmental health services, and special health care for the aged are offered. Coordination of these activities is provided by the Bureaus of Disease Control, Environmental Health, and Maternal & Child Health, which are located at Central Office, 101 Grove Street. Central Office also houses the Microbiology Laboratory and Records and Statistics, and it supervises the V.D. Clinic (250-4th St.), the TB Clinic (San Francisco General Hospital), and a number of contracts with community agencies.

Many changes took place in 1977-78. Among the most important are:

- Plans for integrating Mental and Public Health services in District V were finalized.
- A Geriatric Services Committee was formed to coordinate proposals and programs for older people by the entire Department.
- Decentralization of the Prenatal Clinic from San Francisco General Hospital into Health Centers III and IV was accomplished; response from their communities has been overwhelmingly supportive.

- The North of Market Senior Service Center, staffed and supervised by Health Center IV, opened its new facility at 333 Turk Street in September 1977, and visits to the Center increased dramatically.

- Health Centers II and V increased their screening activities for head and neck cancer, colorectal cancer, and hypertension. Education and prevention were pivotal in all of the activities of the staff.

- Health Center II formed an advisory committee in the Marina District to expand its outreach potential.

- Health Center I emphasized injury control services to the Gay population in its district and evening clinics for working people.

- The Microbiology Laboratory performed nearly a quarter of a million tests for the diagnosis of sexually-transmitted and other communicable diseases.

- The Chemistry Laboratory occupied its new quarters at San Francisco General Hospital; it performed nearly 70,000 toxicology and public health chemistry tests.

- Maternal & Child Health began Medi-Cal billings for family planning clients; the Bureau's child Health and Disability Prevention Program received funds to design and implement an outreach project.

- The Bureau of Dental Health performed nearly 30,000 treatments for over 15,600 clients.

- The Bureau of Environmental Health monitored the health and safety conditions of 7,953 establishments operating under permit to the Health Department. It responded to almost 17,000 citizen complaints involving public health nuisances.

The Bureau of Disease Control and Adult Health developed the framework of a City-employees health program, worked actively with the Commission on Aging on programs to combat chronic disease, and it began a program to improve the quality of nutrition in the county jails.

The list of accomplishments is impressive, but so is the list of health problems facing the City. San Francisco still ranks as the #1 City in the rates of infectious syphilis and #3 for gonorrhea per 100,000 population. The incidence of tuberculosis is up 75% over the preceding year due to the large influx of immigrants from areas of high prevalence. San Francisco has an extremely high proportion of elderly persons; this creates a demand for more costly medical and institutional services.

The closer we look at the problems of Public Health the clearer it becomes that its primary focus will have to shift to primary prevention- educating people that it is their own behavior (eating better, smoking less, driving slower) that is the key to healthier lives and the containment of the costs of medical care. The message from Public Health is STAY HEALTHY:

- * Learn to relax
- * Keep your weight in proportion to your height
- * Get moderate daily exercise
- * Do not smoke
- * Eat regular meals including breakfast
- * Use alcohol in moderation, if at all
- * Get adequate sleep each night

Bureau of Records & Statistics

The Bureau of Records and Statistics has functioned as both local registrar and recorder for Births and Deaths and fetal deaths occurring in San Francisco from 1865 to the present. It is also responsible for tabulation and publication of Morbidity and Mortality and Demographic statistics for San Francisco.

In October, 1977, the Bureau received Title II funding for an on-line computer retrieval system for birth documents, patterned after New York's and North Carolina's. When the project is completed, it will dramatically reduce staff time, and result in economies for the City and more efficient service to the public.

Community Mental Health Services

The purpose of Community Mental Health Services (CMHS) is to provide comprehensive local mental health programs for residents of San Francisco. Services have been developed within the broad objectives of being easily accessible, oriented to the consumer, and focused on prevention, utilizing a complete spectrum of treatment techniques.

The front lines of the mental health services are the comprehensive District Community Mental Health Centers, each serving one of five catchment areas. Their geographical boundaries generally coincide with the five Public Health Centers: Mission, Westside, Southeast, Northeast, and District V (Richmond, Sunset, OMI). Each center serves a population of 75,000-200,000 people in many locations throughout the neighborhoods. Facilities are located so as to be available

and accessible to clients without considerable travel. Clients can be treated without any withdrawal from family or community, and the staffs of the centers are familiar with the demographic characteristics, life styles, and health needs of the area which they serve. Disruption of the patient's everyday life is minimized, while treatment is maximized.

There are also specialized mental health programs with county-wide responsibilities: the Bureau of Alcoholism, the Office of the County Program Coordinator, Drug Program Administration, the Center for Special Problems, the Developmental Disabilities Program, Continuing Care Services, and the Criminal Justice Unit. The fullest use of existing community resources is achieved by contracting with private agencies and organizations for services. The Westside Mental Health Center, Inc., for example, is a consortium of 23 private agencies, administratively and clinically coordinated to provide mental health services in the Westside District. Overall, there were 84 contracts with private agencies throughout San Francisco in 1977-78 which, in combination with City-operated programs, provided a rich blend of services for citizens of San Francisco.

By law, CMHS must provide the following services: Inpatient, Outpatient, Day Care and Partial Hospitalization, and Psychiatric Emergency services. Also included within the mandate are Specialized Programs for Children and the Elderly, Consultation and Education services, assistance to Courts, Follow-up Care, Half-Way House programs, and programs for the prevention and treatment of alcohol and other drug abuse.



Citizen participation is central to the planning and delivery of services. CMHS is guided by a county-wide Mental Health Advisory Board. Each Mental Health Center and each city-wide or special program has its own Community Advisory Board. Additionally, several special Minority Mental Health Task Forces have been active in assessing and prioritizing needs for new services.

1977-78 has been a year of enormous change and growth for CMHS, despite fiscal constraints. Major emphasis has been placed on stabilizing District programs that were faced with declining federal grants, and with completing the implementation of new programs planned the previous year.

Significant emphasis has been placed on building Central Office administrative and management capability, with particular emphasis on revenue generation, staff productivity monitoring, and technical assistance in program development and planning. The Minority Mental Health Task Forces have developed innovative program approaches, as has the plan for Local Alternatives to State Hospitalization. The new format of the 1978-79 over-all County plan for Mental Health Services is a reflection of Central Office's increased planning capabilities. Weaknesses still exist in program monitoring and evaluation, due in part to CMHS's lack of capacity to produce adequate planning and fiscal data, most of which are still gathered manually. The data needs to be organized and standardized so that either direct or indirect service programs can be compared from center to center.

The development of planning for services to Children and Youth has remained at the high level established last year, with primary focus on the start up of the Youth Campus. The Youth Campus became a city-wide public issue after the original site review process in the Portola Heights neighborhood. The arena changed from a strictly neighborhood to a city-wide one, with extensive involvement of persons throughout San Francisco concerned with services to children and adolescents. Youth Campus has had the effect of highlighting the overall need for locally-based alternatives to out-of-city placement and/or hospitalization. The issue promises to be one facing CMHS programs for sometime to come.

Services to adults have been focused primarily on the development of alternatives to State hospital usage, such as residential care facilities in the community and the utilization of local hospitals. New programs are already either in operation, or shortly will be, in the Mission, Southeast, and Northeast Districts. A new Patient's Advocate contract has been let.

The development of an Older Adults Program is proceeding well; a staff Task Force on Geriatrics assisted in the process and developed a set of standards for the County Plan. A new Drug Program Administration is in place, and the results of its work has already been felt. Tight monitoring and evaluation activities have resulted in the termination of contracts that were not performing according to standards.

Programs specifically designed for minority groups have been planned and developed this year, for completion next year, including services for the large racial and cultural minorities in the Chinese, Raza, and Japanese communities. For the first time, a program designed for the City's largest sexual minorities -- Gay men and Lesbians -- has been developed and will be coordinated through the Center of Special Problems. Several districts have developed programs for Asian groups that have moved into new areas of the City. Westside will contract for a program for Japanese Americans. District V will contract for programs for Chinese Americans. Northeast is expanding and developing new programs for Chinese seniors and youth, as well as developing new neighborhood emergency and inpatient services. Mission is starting a Raza program for Spanish-speaking families city-wide.

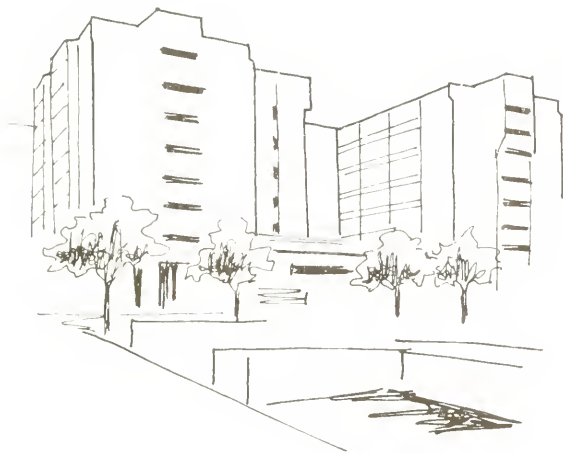
Other District activities include the development of services in the Castro area gay community, a new contract for a geriatric half-way house and after-care services in Southeast, and the first step toward integration of Public Health and Mental Health services in District V and Northeast.

As the movement towards consolidated Mental Health and Public Health programs gains momentum, and as increased reporting and accountability to the State and to the West Bay Health Systems Agency develops, CMHS will have new demands placed upon it that will require even more complex and sophisticated system management.

The passage of Proposition 13 early in June has an impact on CMHS, as it has on all city services. As of this writing, it appears that it will be possible to implement most new programs, due to an infusion of monies from the State, but not at the level initially planned. There is a continuing sense of concern over possible cut backs next year, the precarious situation of allied agencies and resources, and the down-grading of State support for the development of comprehensive community programs to care for patients now in State Hospitals.

In addition, during the last two months of the fiscal year, Community Mental Health Services coordinated the establishment of a comprehensive Support Center for layed off employees and others effected by the passage of Proposition 13. The Support Center provided vocational, credit, and personal counseling.

Nearly every CMHS Center has been effected by the closing of School District and Community College summer programs, which have provided training and day activities for clients. This effect has been most marked in half-way houses and day treatment facilities, where patients have become anxious and in some instances assaultive, but it has also been felt in children's and adult outpatient services. 1978-79 will clearly be a year of belt-tightening and one that will draw heavily on the creativity and energy of CMHS staff, who will be working without pay increases and other normal incentives to heighten job performance.



Hospital Services

San Francisco General Hospital

San Francisco General Hospital is a comprehensive 405 bed Medical Center, providing highly specialized emergency, trauma, burn, intensive respiratory, coronary and other acute care services. It is utilized by private-pay patients referred by their own physicians, major trauma victims, severely disturbed psychiatric patients, county jail inmates, people detoxifying from alcohol or other drug abuse, by indigent citizens and by ordinary neighborhood members in need of services from "their" hospital. Professional staff of the hospital is largely provided by the University of California, operating under contract to the City, as an adjunct to its Medical School.

The Division of Outpatient and Community Services, assisted by a Federal grant, operates the Adult, Childrens, Family, and Women's Health Centers and more than 25 specialty clinics. Two satellite clinics (South of Market, and Potrero Hill) extended the division's services into specific neighborhoods of the City.

This past year has been a fruitful one for the Hospital in many ways. A number of new programs were inaugurated

- * Emergency Room Volunteer Program, in which students from local colleges helped improve the efficiency and sensitivity of patient care in the Emergency Room.
- * Multi-Cultural Program, aimed at providing non-English speaking patients with around-the-clock interpreters in 14 different languages.
- * Medical Records Word Processing System, for streamlining and mechanizing the transcription of medical records, so that they will be ready for computerization.



Laguna Honda Hospital

- Nurse Midwife Training Program, the first of its kind in Northern California.
- Expanded Research Programs, including research into arteriosclerosis and vascular diseases under a contract with the Gladstone Foundation; laboratory studies in human genetics through a contract with the Hughes Foundation; and the location of the Northern California Sickle Cell Center at the hospital as the result of an NIH Grant.
- A new Department of Psychiatry was established and a new chief of Psych. was appointed.

A number of other "firsts" took place this year: the appointment of a Patient Advocate, the expansion of the sexual abuse clinic, the development of a nutritional services program, the merging of the Eligibility, Admitting, and Data Processing units into one Department of Patient Accounts.

A great deal of work still needs to be done, however. One of the problems that had to be dealt with this year was the shortage of critical care nurses that has hampered the Hospital's ability to fully staff its ten Intensive Care Beds. The Hospital received a one-year accreditation from the Joint Commission on Accreditation, and will have to solve a number of technical problems prior to its next inspection.

Despite the problems, it is not stretching the point at all to describe 1977-78 as a forward-stepping period in the Hospital's history.

Laguna Honda Hospital is the largest hospital in the City and the second largest in the entire State. Laguna Honda is an answer to one of the City's most pressing problems - hospital care for elderly and chronically ill patients. All of its more than 900 beds are committed to filling that need, and it provides a range of medical, dental, pharmacy, radiology, and rehabilitation programs that are unavailable in most nursing and convalescent facilities. Further, there is a critical statewide shortage of beds available for the care of the elderly ill.

San Francisco pays doubly for these services. It costs far more to provide the quality of care that Laguna Honda provides than it does to put an elderly patient away in a nursing home 100 miles away. And because of the Hospital's dependence on State and Federal funds to defray a portion of its operating costs, a great deal of effort has been expended to meet operational regulations. A great deal more effort and funds will be required to meet the structural requirements for an old building.

Twelve major construction jobs are required by the Life Safety Code, including the installation of a fire sprinkling system, smoke barrier doors, and emergency generators. During the year, the interior of the Clarendon Hall Unit of Laguna Honda was completely demolished, preparatory to complete renovation.

Despite the ongoing turmoil and struggle to keep abreast of governmental demands for documentation and of accreditation requirements, 1977-78 was a productive

year for Laguna Honda. Twenty Napa State Hospital patients were admitted in January, and interagency emergency plans were made to somehow accept, in an already full hospital, patients from San Francisco Center (Post St. Convalescent Home) in the event of its closing. Laguna Honda medical staff local universities, and other City departments jointly participated in training and research programs. New radiographic equipment was acquired, two dental laboratories were completely reequipped, and the Pharmacy inaugurated an individual Patient Prescription Program. Volunteer Services refurbished several wards, and purchased supplies and equipment for patient activities. In sum, the level and quality of services provided to patients remained excellent.

Many problems remain. More effort is needed in implementing changes in the data collection and billing functions, as well as the functioning of the kitchen. Medical Records lacks the personnel to meet Federal reporting requirements. The Patient Activities Program is in jeopardy, until funds for the permanent employment of its 11 leaders are located.

Staff of the Hospital and the Department have their eyes set on goals that go beyond the immediate problems and patchwork. They have developed a proposal called, "2001: Laguna Honda in the 21st Century", which would study present and future needs of long term care beds and programs in San Francisco, in relation to remodelling or rebuilding the hospital.

Emergency Medical Services

The Emergency Medical Service continued to provide ambulance service and emergency care for patients, from time of need to transfer to ongoing treatment. Medical care was provided on a daily, around-the-clock basis at four aid stations and at Mission Emergency Room, which is the entry point into the Trauma Unit of San Francisco General Hospital. Additionally, ambulance service was available from dispatch points in the Sunset and Bayview areas of the city.

During fiscal year 1977-78, over 58,000 ambulance runs were logged. 45,000 patients utilized the services of the Aid Stations, (exclusive of Mission Emergency Hospital) without charge or fee.

Six new, modular-type ambulances were added to the fleet during the year, and 20 new employees were appointed from Civil Service lists. Five new supervisory positions were established by the Service - three Watch Commanders, a Communication Officer, and a Training Officer, whose primary responsibility is the establishment of a Training Academy to train CETA employees and upgrade their skills, leading to examinations for Civil Service appointment. A consequence of the training activities is that at least one Paramedic/Emergency Medical Technician III is assigned to virtually every one of the 31 ambulance watches. Four bilingual (Chinese-English) employees were also employed by the Service.

During the year, a comprehensive report was prepared for the Department that recommended further improvements in training, transportation, communication and plant facilities, as well as changes in hours of service.

Statistics

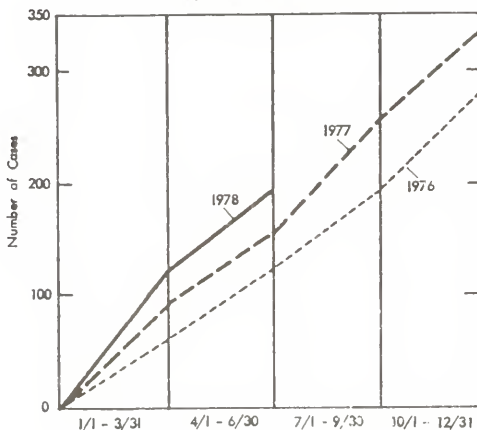
Community Public Health Services (Selected Statistics)*

HEALTH CENTERS

Disease Prevention Clinics (Patient Visits).....	101,997
Ambulatory Care (Patient Visits).....	38,799
School Population Served.....	84,000 est.
Environmental Health Visits.....	52,751
Home Nursing Services.....	44,961

TUBERCULOSIS CONTROL

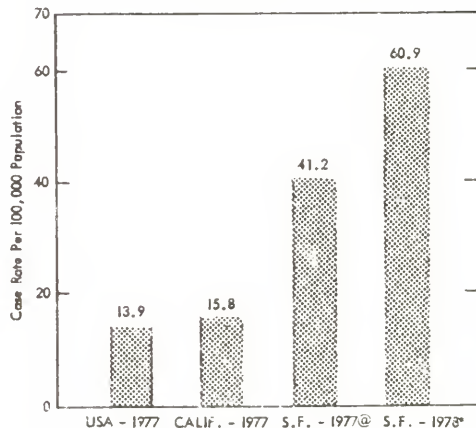
NEWLY REPORTED TUBERCULOSIS CASES
BY QUARTER 1976-78



1977-78

Disease Prevention Clinics (Patient Visits).....	101,997
Ambulatory Care (Patient Visits).....	38,799
School Population Served.....	84,000 est.
Environmental Health Visits.....	52,751
Home Nursing Services.....	44,961

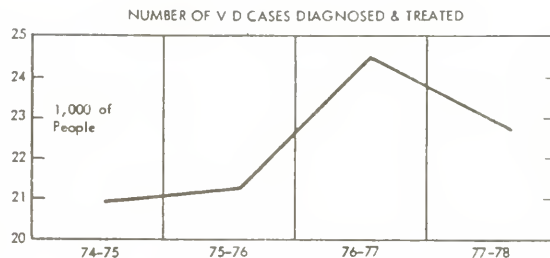
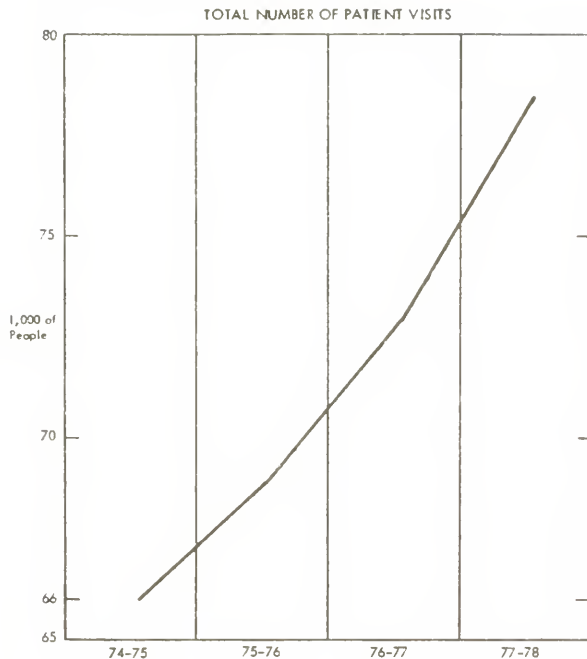
REPORTED ACTIVE TUBERCULOSIS CASES
BY RATE PER 100,000 POPULATION
1977 - 78



[@] San Francisco ranked 4th in case rate of U.S. cities of 250,000 population or greater

*Rate based on 8 month figures. Projected rank in case of U.S. cities of 250,000 population or greater is 1st for San Francisco.

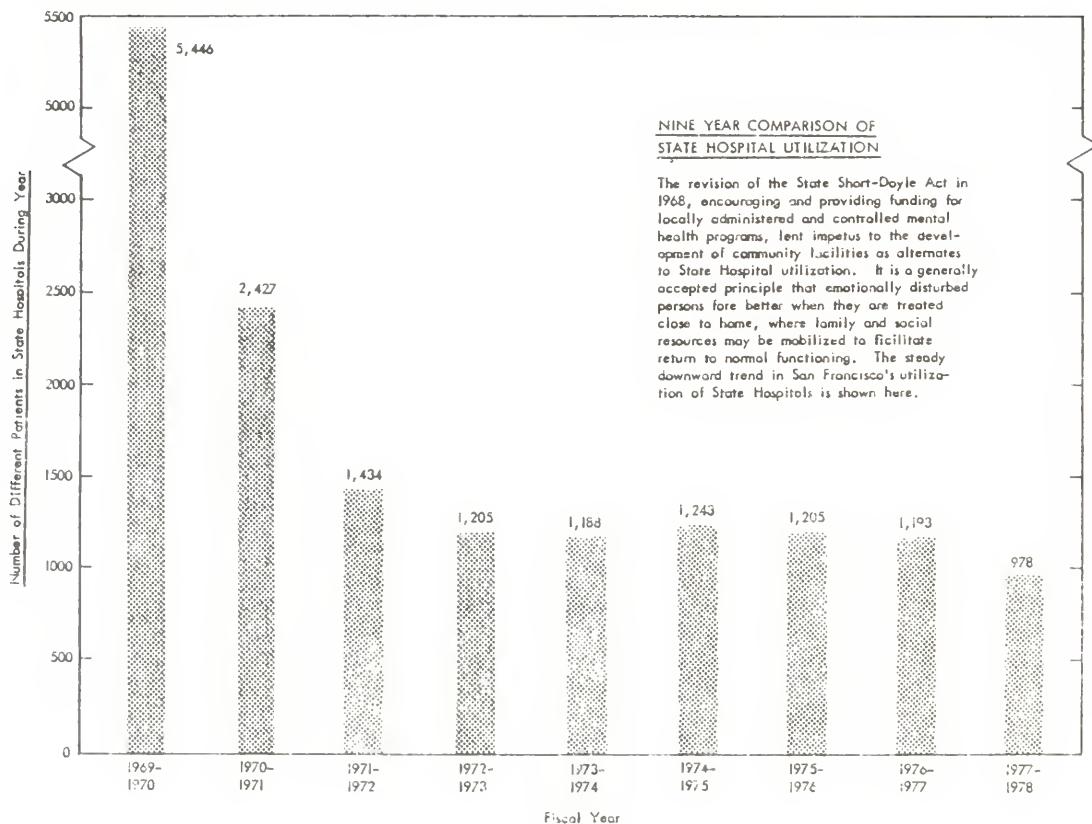
VENEREAL DISEASE CONTROL



The drop in VD cases may be due to the efficient case finding abilities of the field staff to bring these cases to quick medical attention.

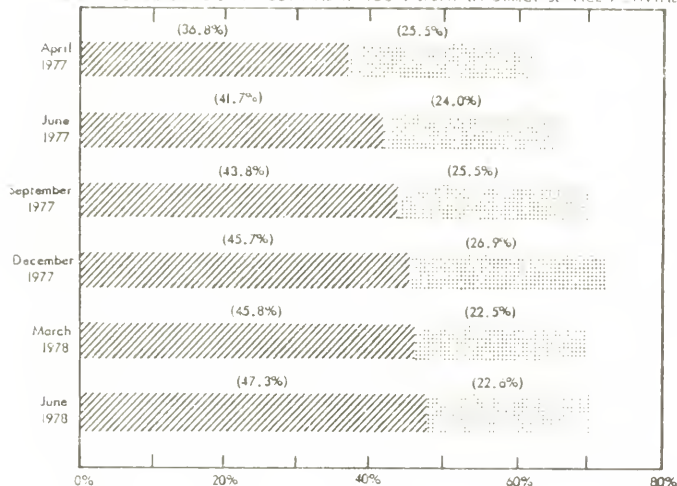
The total number patient visits may be a reflection of the increased information and education of venereal disease by health education staff.

Community Mental Health Services (Selected Statistics)*



*For more detailed statistics of these services - phone 359-2896

TOTAL PROFESSIONAL STAFF OUTPATIENT HOURS SPENT IN DIRECT SERVICE ACTIVITIES

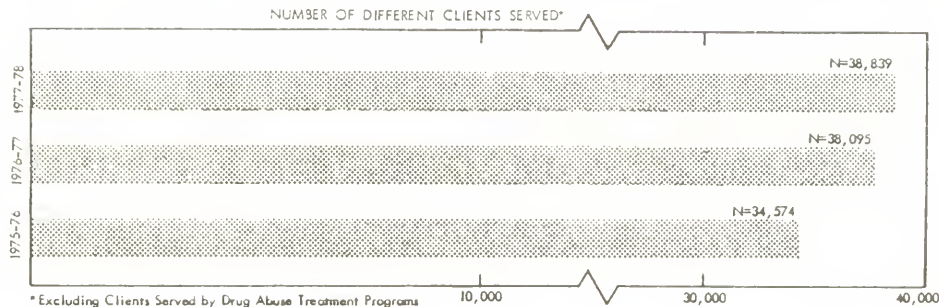


STAFF PRODUCTIVITY

In Fiscal year 1977-78, San Francisco CMHS began a concerted effort to increase the proportion of professional staff time spent on the delivery of direct clinical services. Surveys have been taken every three months, and in the period between April, 1977 and June, 1978 the proportion of staff time spent in direct face-to-face client contact has increased 28.5%. Time spent in other patient related activities has decreased by 11.4% leaving a net increase of 12.4% in total time devoted to delivering direct service to clients. Approximately 70% of professional staff time is now so allocated.

NUMBER OF DIFFERENT CLIENTS SERVED BY COMMUNITY MENTAL HEALTH SERVICES

The total different number of clients served by San Francisco CMHS has increased 12% over the last three years.



Hospital Services (Selected Statistics)*

SAN FRANCISCO GENERAL HOSPITAL

	1976-77	1977-78
Beds:		
Licensed.....	653	659
Staffed	--	405
Inpatient Average Daily Census.....	329	337
Clinic Visits	122,985	139,560
Hospital Admissions.....	16,772	17,322
Emergency Room Visits	61,123	64,013
Inpatient Days	110,265	122,841
Births.....	914	1,203
Newborn Days	3,989	4,875
Laboratory Tests	1,329,427	1,507,550
X-Ray Exams	111,380	106,000
Blood Used (pints).....	12,638	12,015
Prescriptions (OPD only).....	166,303	179,960
Personnel	1,833	2,400
Permanent	1,513	2,163
Temporary	320	237
Laundry Production (pounds).....	3,315,326	3,594,328
FY Budget.....	\$47,927,735	\$52,832,291

EMERGENCY MEDICAL SERVICES

	1976-77	1977-78
Sexual Assault		
Cases (at Central	491	509
Emergency)		
50 Ivy Street		
Admissions	109,869	112,454
(Medical/Surgical)		
Ambulance Calls	53,166	58,587

LAGUNA HONDA

Service	Admission Analysis		Discharge (Incl. Death)		PATIENT DAY ANALYSIS			Bed Utilization	
	1976/77 - 1977/78	1976/77 - 1977/78	1976/77 - 1977/78	1977/78	1976/77 - 1977/78	% Increase or Decrease	% 1976/77-77/78	1976/77-77/78	1976/77-77/78
Hospital	514	422		874	293,311	305,556	4.1%	75	95
Modified	7	9		86	59,278	24,868	(58,049)	76	79
Rehab.	232	175		38	10,236	3,684	(64,009)	85	27
A.E.T.C.*	421	**		-	10,146		(100,000)	62	
TOTAL	1,174	606	1,265	998	372,971	334,103	(10,420)	75	92

* Alcoholic Evaluation & Treatment Center

** Moved to SFGH in April 1977

Resources

Personnel

As one of its key staff functions, the Personnel Division's decentralized Civil Service Unit assists in the classification, recruitment, and examination of the more than 4700 employees of the Department of Public Health. Personnel Offices in Community Mental Health, Central Office and each of the hospitals provide program administrators assistance in disciplinary, grievance, and other employee relations activities.

The major emphasis during the past year has been the recruitment of bilingual employees to better communicate with members of the many ethnic communities who live in the City and utilize its services. The Multicultural Program at S.F.G.H. employs 4 civil service and 33 CETA personnel who now provide round-the-clock interpreting capabilities in 14 different languages. An Ambulance Driver Training Program in the Emergency Medical Services was established this past year; of the eleven cadets, four are Spanish speaking and three are Chinese speaking. Additionally, nearly one fifth of the employees of Community Mental Health Services have bilingual skills.

Accounting

The Bureau of Accounts is the fiscal office of the Department of Public Health. It is the liaison between the other departments of the City and the rest of the Department in fiscal affairs.

During the fiscal year, the Bureau, in conjunction with an effort initiated by the Mayor's Office, began reorganizing its financial management procedures. A city-wide budgeting system was developed, under a contract with a Certified Public Accounting firm, and a Financial Information Resources Management System (F.I.R.M.S.) is to be inaugurated on July 1, 1978. Staff of the Bureau and other key personnel of the Department attended numerous orientation and training programs. When the system is in place, it should provide the Department with a better source of data with which to plan and govern its operations.

Fiscal

In 1977-1978 your health dollars came from:

COMMUNITY PUBLIC HEALTH SERVICES

Accounting	1,805,027
Administration	1,044,986
Dental Bureau	472,308
Disease Control and Adult Health	226,702
Tuberculosis and Venereal Disease Control	1,364,495
District Health Centers	4,175,541
Environmental Health Services	1,605,368
Jail Medical Programs	1,928,984
Maternal and Child Health	1,011,779
Juvenile Court Medical Clinic	223,767
Public Health Education	42,963
Public Health Laboratories	717,504
Public Health Nursing	65,599
Records and Statistics	172,398
Target Population Community Contracts	534,727

TOTAL

1977-78

1,805,027
1,044,986
472,308
226,702
1,364,495
4,175,541
1,605,368
1,928,984
1,011,779
223,767
42,963
717,504
65,599
172,398
534,727

15,392,148

Fees and Other Sources
\$11,572,433
(9.7%)

In 1977-1978 your health dollars went to:

HOSPITAL SERVICES

Emergency Hospital Services	3,476,791
Hassler Hospital	11,585
Laguna Honda Hospital	21,954,675
San Francisco General Hospital Medical Center	52,832,291

TOTAL

3,476,791
11,585
21,954,675
52,832,291
78,275,342

Mental Health
\$26,146,691
(21.8%)

Hospitals
\$78,275,342
(65.3%)

COMMUNITY MENTAL HEALTH SERVICES

Administration	10,290,613
Emergency Services (Hospital) }	10,687,572
Mental Health Centers	5,168,506
Specialty Programs	25,146,691

TOTAL

GRAND TOTAL

10,290,613
10,687,572
5,168,506
25,146,691

119,814,181

Public Health
\$15,392,148
(12.9%)

For a total of
\$119,814,181

